

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ADVICE OF RIGHTS AFTER ORDER TERMINATING PARENTAL RIGHTS (Juvenile Code)	FILE NO.
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1. In the matter of
(name(s), alias(es), DOB)

2. On _____ an order was entered terminating your parental rights to the above named
Date
child(ren).

3. You have the right to:

- Appeal the order terminating your parental rights to the Court of Appeals for the State of Michigan or to file a motion for rehearing with this court within 21 days after the order is entered.
- An attorney for appeal/rehearing purposes, and if you cannot afford an attorney, the court will appoint one for you. If you desire a court appointed attorney, you must file the request on the other side of this form within 21 days after the mailing service date of this advice of rights.

4. In addition to the above rights you have the right to control the release of identifying information about yourself under the adoption laws of this state as follows:

- You may file with the Central Adoption Registry of the Michigan Family Independence Agency, at any time, a form called "Parent's Consent/Denial to Release Information to Adult Adoptee". With this form (copies available at all circuit courts or Family Independence Agency offices) you can consent to or deny the release of the following identifying information. You can use this form any time you change your mind about consenting to or denying the release of identifying information.
 - your name at the time of termination of your parental rights
 - your most recent name and address which is on file with the Central Adoption Registry
- You may keep your name and address current with the Central Adoption Registry by sending this information to them in writing.

NOTE: If you do not file a "Parent's Consent/Denial to Release Information to Adult Adoptee", or if you revoke a previously filed denial, then the identifying information stated in item 4 will be released upon request of each child after reaching the age of 18. If the other former parent has filed a denial of release of identifying information which has not been revoked, the identifying information about that parent will not be released.

(Please See Other Side for Request for Court Appointed Attorney)

Date of mailing/service

Do not write below this line - For court use only

REQUEST FOR COURT APPOINTED ATTORNEY

I intend to appeal/request a rehearing of the order terminating my parental rights.

I am unable to pay for the services of an attorney and request that one be appointed by the court. I have completed the financial schedule below. I understand that I may be ordered to repay the court for all or part of the attorney fees. I authorize the court to investigate and obtain relevant information from my employer, creditors, and others who have knowledge of my financial circumstances for purposes of aiding the court in determining my eligibility for the appointment of an attorney.

Date

Signature

Name (please print)

Address

City, state, and zip

Telephone no.

Complete this Financial Schedule if you are seeking a court appointed attorney.

FINANCIAL SCHEDULE

1. RESIDENCE

☐ Rent

☐ Own

☐ Live with parents

☐ Room/Board

2. MARITAL STATUS

☐ Single

☐ Married

☐ Divorced

☐ Separated

☐ Dependents: _____
Number

3. INCOME

a. Employer name and address

b. Length of employment

c. Average of pay

☐ weekly

☐ monthly

☐ every two weeks

Gross: \$ _____ Net: \$ _____

d. Other income (state monthly amount and source [FIA, VA, rent, pensions, spouse, unemployment, etc.])

4. ASSETS

State value of car, home, bank deposits, bonds, stocks, etc.

5. OBLIGATIONS

Itemize monthly rent, installment payments, mortgage payments, child support, etc.

6. REIMBURSEMENT I understand that I may be ordered to reimburse the court for all or part of my attorney and defense costs.

I declare under penalty of contempt of court that the above information is true to the best of my information, knowledge, and belief.

Date

Signature